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Midwifery Students' Perceptions of Obstetric Violence: A Cross-Sectional Study in Türkiye

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ABSTRACT:
Purpose: To determine midwifery students' perceptions of obstetric violence and the sociodemographic and clinical experience factors associated with these perceptions.
Material and Methods: This descriptive and cross-sectional study was conducted at a state university in western Türkiye with 119 midwifery students in the 2nd, 3rd, and 4th years. Data were collected between February 10 and March 10, 2025, using a Personal Information Form and the Obstetric Violence Perception Scale (OVPS). The scale demonstrated high reliability (Cronbach's alpha=0.88). Statistical analyses included descriptive statistics, independent t-test, one-way ANOVA with Tukey HSD, and Pearson correlation analysis.
Results: The mean OVPS score was 99.61 ± 14.11, indicating above-moderate perception levels. Significant differences were found according to grade level (p=0.018), witnessing at least one birth (p=0.009), and belief that women are treated differently according to their economic status (p=0.044). Younger students showed higher perception scores (r=-0.283, p=0.002).
Conclusion: Midwifery students' perceptions of obstetric violence were above moderate levels and influenced by sociodemographic and experiential factors. Educational programs should integrate respectful maternity care, human rights, and trauma-informed approaches to strengthen students' awareness and reduce obstetric violence in future clinical practice.
Keywords: *Education; midwifery; obstetric violence; perceptions; students*

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INTRODUCTION

Obstetric violence, defined by the World Health Organization as disrespect and abuse during childbirth in health facilities, includes physical abuse, verbal humiliation, non-consented procedures, violation of privacy, and restricted access to care services (Hakimi et al.,2025). Such practices negatively affect maternal and neonatal outcomes, increasing the risk of complications, trauma, and dissatisfaction with care (Chervenak, et al., 2024). In addition, unauthorized cesarean sections or episiotomies, the use of oxytocin without medical indication to accelerate labor, application of Kristeller maneuver, forcing women to remain in bed, restricting access to food and fluids, and limiting freedom of movement are also considered obstetric violence (Daglar and Acar, 2024). Obstetric violence can negatively affect maternal and fetal health, leading to outcomes such as dystocia, hemorrhage, postpartum depression, post-traumatic stress disorder, and neonatal hypoxia. It may also reduce women's willingness to seek care in future pregnancies (Ferrão et al., 2025; Daglar and Acar, 2024; Lansky et al., 2019). The prevalence of obstetric violence is notably high worldwide, with recent reviews indicating that approximately half of women experience mistreatment during facility-based childbirth (Bohren et al., 2015; Mohamoud et

al., 2023). In Europe, rates of obstetric violence were reported as 67.4% in Spain and 36.3% in the Netherlands (Martínez-Galiano et al., 2021; Van der Pijl et al., 2022). In Latin America, a study from Ecuador recorded a prevalence of 32.8% (Arias Fuentes et al., 2022). Similarly, African countries report high rates; in Ghana, 65.3% of women reported obstetric violence, while in southern Ethiopia the prevalence was 79.7% (Yalley et al., 2023; Molla et al., 2022). In Türkiye, a recent study found that 76.4% of women were exposed to obstetric violence (Aşcı & Bal, 2023).

Midwives are key care providers in ensuring respectful and safe maternity care and play a pivotal role in preventing obstetric violence (Bal et al., 2022). However, studies show that although midwives generally recognize obstetric violence as a problem, their knowledge levels remain moderate and some routine clinical practices are not consistently perceived as mistreatment (Gökçek et al., 2025; Martínez-Galiano et al., 2023). Likewise, research conducted in Italy highlighted that midwives experience difficulties in identifying and managing violence against women and emphasized the need for further education and cultural awareness (Di Giacomo et al., 2017). These findings underline the necessity of strengthening midwives' training on respectful maternity care and human rights-based practice. Despite the importance of midwives' role, research focusing on their education and awareness regarding obstetric violence-particularly in Türkiye-remains limited. Therefore, this study aims to assess midwifery students' perceptions of obstetric violence and examine factors associated with these perceptions in Türkiye.

Research question: *What factors are associated with midwifery students' perceptions of obstetric violence, and how do these perceptions vary by educational and clinical experience?*

MATERIAL and METHODS

Study Design and Participants

This descriptive and cross-sectional study aimed to determine midwifery students' perceptions of obstetric violence and related factors. The research also examined whether students' perceptions differed by academic year and which sociodemographic and educational variables were associated with these perceptions. The study was conducted at a state university in the western region of Türkiye between February and March 2025. The study population consisted of 150 students enrolled in the 2nd, 3rd, and 4th years of the midwifery program. Using a voluntary convenience sampling method, 119 students who met the inclusion criteria and agreed to participate were included in the study (response rate: 80%). Students enrolled in the relevant academic years and willing to participate were included, while first-year students or those from other departments were excluded. Data collection was conducted face-to-face by the researchers in classroom settings following provision of study information and written and verbal informed consent. Completion of the questionnaire took approximately 10 minutes. No follow-up measurements were taken due to the cross-sectional design. As the entire accessible population was invited to participate and the majority agreed, a priori power analysis was not performed; however, the sample was considered sufficient for exploratory descriptive analysis, while generalizability remains limited to similar student groups. Ethical approval was obtained from the University Ethics Committee (Approval No: 2024/125).

Data Collection Tools

Data were gathered using two instruments: the Introductory Information Form and the Obstetric Violence Perception Scale (OVPS).

The Introductory Information Form was a 10-item questionnaire developed by the researchers based on a literature review (Dağlar & Acar, 2024; Küçükkaya, 2025) to obtain participants' sociodemographic and educational characteristics.

The Obstetric Violence Perception Scale (OVPS), developed by Mena-Tudela et al. (2020) and adapted into Turkish by Gönenç et al. (2023), consists of 27 items and five subscales. The original Turkish adaptation demonstrated high reliability (Cronbach's α = 0.93; subscales = 0.69–0.90). The total score ranges from 27 to 135, with higher scores indicating greater awareness and perception of obstetric violence. This scale is designed to evaluate

midwifery students' perception levels regarding obstetric violence. As the scale does not include a defined cut-off point, higher scores simply reflect stronger perceptions rather than diagnostic categorization. In the present study, Cronbach's alpha coefficient was 0.88.

Statistical Analysis

Data were analyzed using SPSS version 23.0. The Kolmogorov–Smirnov test was used to assess the normality of distribution. It was determined that all data showed a normal distribution. Descriptive statistics (frequency, percentage, mean, standard deviation, minimum, and maximum) were calculated. Independent samples t-test, one-way ANOVA with Tukey HSD post-hoc test, and Pearson correlation analysis were employed to evaluate group differences and relationships between variables. Internal consistency reliability of the scale was assessed using Cronbach's alpha coefficient. A p-value less than 0.05 was considered statistically significant.

Ethical Approval

Ethical approval for this study was obtained from the University Ethics Committee (Approval No: 2024/125). In addition, institutional permission was granted by the Dean's Office of the Faculty of Health Sciences, Tarsus University (Permission No: E-59279490-604-5989, Date: 21/01/2025). All participants were informed about the purpose, voluntary nature, and confidentiality of the study, and written and verbal informed consent were obtained prior to participation.

RESULTS

In Table 1, the distribution of students' sociodemographic characteristics and some features related to obstetric violence is presented. The mean age of the students was 21.42±2.57 years, and the mean time since last witnessing a birth was 115.03±136.41 days.

Table 1. Distribution of midwifery students' sociodemographic and obstetric violence-related characteristics (n=119)

Characteristics	n	%	Mean ± SD / Min-Max
Age (years)			21.42±2.57 (18-39)
Time since last witnessed birth (days)			115.03±136.41 (1-365)
Economic status			
Income less than expenses	63	52.9	
Income equal to expenses	54	45.4	
Income higher than expenses	2	1.7	
Year of study			
Second year	52	43.7	
Third year	46	38.7	
Fourth year	21	17.6	
Clinical practice experience			
Yes	105	88.2	
No	14	11.8	
Witnessed at least one birth			
Yes	80	67.2	
No	39	32.8	
Belief in differential treatment based on women's economic status			
Yes	107	89.9	
No	12	10.1	
Heard of obstetric violence			
Yes	94	79.0	
No	25	21.0	
Belief that migrant women face mistreatment during childbirth			
Yes	105	88.2	
No	14	11.8	

n: number, %: percentage, min.: minimum, max.: maximum, X±SD: mean ± standard deviation

Table 2. Comparison of students' sociodemographic and obstetric violence-related characteristics with OVPS total mean scores (n=119)

Characteristics	OVPS Mean ± SD	Test, p-value
Economic status		
Income less than expenses	98.17±14.72	
Income equal to expenses	100.83±13.36	F=1.306, p=0.275
Income higher than expenses	112.00±8.48	
Year of study		
Second year	95.50±10.73[a]	
Third year	102.86±12.81[b]	F=4.131, p=0.018
Fourth year	102.66±20.84[b]	
Clinical practice experience		
Yes	100.39±14.48	t=1.657, p=0.100
No	93.78±9.42	
Witnessed at least one birth		
Yes	101.96±14.89	t=2.666, p=0.009
No	94.79±11.04	
Belief in differential treatment based on women's economic status		
Yes	100.48±14.19	t=2.040, p=0.044
No	91.83±11.01	
Heard of obstetric violence		
Yes	100.21±14.98	t=0.897, p=0.371
No	97.36±10.16	
Belief that migrant women face mistreatment during childbirth		
Yes	99.93±14.65	t=0.675, p=0.501
No	97.21±9.16	
Age (years)		r=-0.283, p=0.002
Time since last witnessed birth (days)		r=0.049, p=0.667

X±SD: mean ± standard deviation; a,b indicate differences according to Tukey HSD test; t: Independent samples t-test, F: One-way analysis of variance (ANOVA), r: Pearson correlation coefficient

It was found that 52.9% had an income lower than their expenses, 43.7% were in the second year, 88.2% had clinical practice experience in obstetrics and gynecology departments, 67.2% had witnessed at least one birth, 89.9% believed that women are treated differently according to their economic status, 79.0% had heard of the concept of obstetric violence, and 88.2% believed that migrant women are exposed to mistreatment during childbirth (Table 1). The mean total score of the Obstetric Violence Perception Scale (OVPS) was 99.61 ± 14.11 (min: 27.00, max: 133.00). Accordingly, students' perceptions and awareness of obstetric violence were above the moderate level. Table 2 shows the comparison of students' sociodemographic and obstetric violence-related characteristics with their mean OVPS total scores. Statistically significant differences were found between OVPS scores and grade level, witnessing at least one birth, and the belief that women are treated differently according to their economic status ($p<0.05$). In addition, it was determined that as students' age decreased, their perception and awareness of obstetric violence increased (Table 2, r=-0.283, p=0.002).

DISCUSSION

This study demonstrated that midwifery students' perceptions of obstetric violence were above the moderate level, consistent with growing international evidence that obstetric violence remains a significant issue worldwide. Our findings align with those of Kucukkaya (2025), who reported above-moderate perception scores among nursing students, and with Erbil et al. (2025), whose participants also showed higher-than-average awareness levels. Similarly, our results parallel earlier studies indicating that both nursing and midwifery students recognize obstetric violence as a common concern in maternity care. However, differences also emerged. For instance, Daglar and Acar (2024) found that nursing and midwifery students lacked sufficient awareness of obstetric violence, whereas our participants reported relatively higher awareness. Differences between

studies may be related to variations in educational curricula, timing and extent of clinical exposure, or institutional emphasis on respectful maternity care. One significant finding was the association between students' beliefs regarding socioeconomic inequalities and their perception scores. This finding indicates that students who believed women were treated differently based on socioeconomic status had higher perception scores, suggesting an association between perceived inequality and awareness of obstetric violence. This result echoes prior research indicating that socioeconomic disparities shape both women's experiences of care and students' perceptions of equity in health services (Martínez-Galiano et al., 2021; Bailey et al., 2021; Doubova et al., 2021; Hakimi et al., 2025). Possible explanations include the fact that individuals from higher socioeconomic backgrounds often have greater access to patient-centered, high-quality care, as well as higher levels of health literacy and awareness of patient rights, which may influence students' observations and sensitivity to inequality. The association between year of study and perception scores was also noteworthy. Our study found statistically significant differences across grades ($p<0.05$). While Kucuk et al. (2025) reported that 3rd-year students had higher perceptions than 4th-year students, Erbil et al. (2025) found no effect of study year. Additionally, Martínez-Galiano et al. (2021) also suggested that differences in educational context may influence midwifery students' awareness of obstetric violence. Such inconsistencies may reflect variations in course content, timing of clinical placements, or institutional emphasis on respectful maternity care (Kucuk et al., 2025; Erbil et al., 2025; Martínez-Galiano et al., 2021).

In addition, witnessing at least one birth was significantly associated with higher perception scores. This finding may reflect a relationship between clinical exposure and awareness of obstetric violence (Mena-Tudela et al., 2022; Kucuk et al., 2025; Garrido et al., 2023**).** Although the timing of the last birth observation was not significantly associated with perception scores, recency of exposure may still influence awareness and should be explored in future studies. Similarly, age was inversely correlated with perception levels; younger students demonstrated greater awareness. The inverse correlation between age and perception scores indicates that younger students may be more sensitive or receptive to discussions on human rights and respectful maternity care (Martínez-Galiano et al., 2021; Hakimi et al., 2025).

Strengths and Limitations

A major strength of this study is its high response rate (80%) and the use of a validated, reliable scale (OVPS) recently adapted into Turkish. However, the study has limitations. Being a single-center, cross-sectional study limits the generalizability of the findings and precludes causal interpretations. Furthermore, self-reported measures may have introduced reporting bias.

Implications for research and practice

The findings highlight that midwifery education should not only focus on technical skills but also emphasize human rights, respectful maternity care, and trauma-informed approaches. Strengthening awareness of obstetric violence during education will directly influence future professional practice and contribute to the protection of women's rights to respectful care during childbirth. Integrating these values into curricula and reinforcing them during clinical training will prepare students to challenge obstetric violence and deliver equitable care. This study adds to the limited body of literature by identifying the sociodemographic and experiential factors associated with students' perceptions of obstetric violence. The results emphasize the necessity of developing policies that embed respectful care and rights-based approaches into both midwifery curricula and clinical practice.

CONCLUSION

This study revealed that midwifery students' perceptions of obstetric violence were above the moderate level. Perceptions were significantly associated with year of study, witnessing birth, and students' belief that women receive differential treatment based on socioeconomic status. Because the study was cross-sectional, the direction or causality of these associations cannot be inferred. In

addition, younger students demonstrated higher awareness of obstetric violence.

These findings highlight the need to strengthen respectful maternity care, human rights, and trauma-informed approaches within midwifery curricula. Implementing educational and institutional policies that promote equitable and dignified maternity care may enhance future midwives' ability to prevent obstetric violence in clinical settings. Further longitudinal research is required to better understand the causal mechanisms underlying these associations.

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Conflict of Interest

No conflict of interest

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